

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>DECLARATION OF INABILITY TO IDENTIFY/LOCATE FATHER</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, adoptee  
Full name of child

1. I am the mother of the above named adoptee who was born out of wedlock on \_\_\_\_\_ at \_\_\_\_\_  
Date

\_\_\_\_\_  
City, county, and state

2. The father of my child:

☐ is \_\_\_\_\_  
Name (type or print)

☐ cannot be identified for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The father's address or location is not known and cannot be determined. I have made a reasonable attempt to locate him.

State specifically what attempts you made

☐ contacted his family: \_\_\_\_\_

☐ contacted his friends: \_\_\_\_\_

☐ visited his last known address: \_\_\_\_\_

☐ letter to his last known address: \_\_\_\_\_

☐ other: \_\_\_\_\_

I declare that this declaration has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

Do not write below this line - For court use only